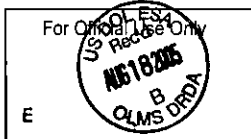


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



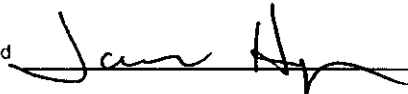
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9836	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Jack Hayn P O Box, Bldg , Room No , if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code +4 20006-5301	4 Name, file number, and address of labor organization Name International Union of Painters & Allied Trade Labor Organization File Number 000-035 P O Box, Building and Room Number, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code +4 20006-5301
5 Position in labor organization Assistant to the General President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed 	On <u>8/15/2005</u> 202-637-0700 Date Telephone Number

Name of Person Filing Jack Hayn	File Number U-
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<p>B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</p>	
<p>8 Name and address of Business (including trade name, if any)</p> <p>Name IUPAT Joint Apprenticeship Training Fund</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street 1750 New York Avenue, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code +4 20006</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Affiliated apprenticeship fund - dealing consists of shared costs</p> <p>11 b Approximate dollar value of such dealing \$271,319</p> <p>12 a Nature of interest held or income received</p> <p>8/18/04, meal, 183 84</p> <p>12 b Amount \$184</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing Jack Hayn	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name IUPAT Labor Management Cooperation Initiativ</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street 1750 New York Avenue, N W</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Affiliated labor management fund - dealing consists of shared costs</p>
	<p>11 b Approximate dollar value of such dealing \$226,441</p>
	<p>12 a Nature of interest held or income received</p> <p>2/7/04, meal, \$65 24</p> <p>2/22/04, meal, 70 07</p> <p>2/22-2/24/04, hotel, 324 82</p> <p>3/27/04, meal, 105 26</p> <p>8/16/04, meal, 127 91</p> <p>2/22/04, hotel, 162 41</p>
	<p>12 b Amount \$856</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>



The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.